



STATE OF NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION & LICENSURE
CREDENTIALING DIVISION
PO BOX 94986
LINCOLN, NE 68509-4986

APPLICATION FOR REGISTRATION AS AN ENVIRONMENTAL HEALTH SPECIALIST

(Print or Type)

SECTION A – PERSONAL INFORMATION (All applicants must complete this section)					
1	Name	First:	MI:	Last:	
2	Address	Street/PO/Route:			
		City:	State:	Zip:	
3	Date of Birth		Place of Birth		
4	Social Security Number			Telephone # (Optional)	
Question		Yes or No	Type of Crime or Licensure Action	Date of Action	Name of Court (City/County/State) or Entity taking Action
Have you ever been convicted of a misdemeanor or felony except a minor traffic violation?					

Official court records describing the conviction, disposition and a statement from the Court that you have successfully completed the court requirements must be submitted along with a letter from you explaining your conviction.

Question	Yes or No	Type of Crime or Licensure Action	Date of Action	Name of Court (City/County/State) or Entity taking Action
Are you licensed or registered in another state?		If yes, what State are you licensed in?	What type of license do you hold?	
Has action been taken to suspend or revoke your license or registration?		Type Licensure Action	Date of Action	Name of Entity taking Action

Attestation by the applicant:

1	Have you practiced in Nebraska as a Registered Environmental Health Specialist prior to the application for Registration?	Yes or No
2	If yes, what are the actual number of days you practiced as a Registered Environmental Health Specialist in Nebraska prior to Registration?	

SECTION B – REGISTRATION APPLICATION CATEGORY (All applicants must check the appropriate process by which he or she is applying for registration.)

Registered Environmental Health Specialist (see chart below for fee)	Environmental Health Specialist Trainee (\$50)
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Determine the month and year in which you are submitting your application and pay the amount in the corresponding box.

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even	\$51	\$51	\$51	\$51	\$51	\$51	\$26	\$26	\$26	\$26	\$26	\$26
Odd	\$52	\$52	\$52	\$52	\$52	\$52	\$52	\$52	\$52	\$52	\$52	\$52

** If the license fee at the time the application is final is different from the fee at the time the application is submitted, the difference will be requested or refunded.

Section C – Education (All applicants must complete this section) (Have your educational institution submit an official transcript that documents your graduation date and degree obtained.)				
1	Institution Name			
	Address:	Street/PO/Route:		
		City:	State:	Zip:
	Graduation Date		Degree:	Major:
2	Institution Name			
	Address:	Street/PO/Route		
		City:	State:	Zip:
	Graduation Date		Degree:	Major:

Section D – Experience (List below the experience you claim as qualifying Environmental Health Specialist experience.)				
1	Dates	From:		To:
	Name of Employing Agency or Person			
	Address	Street/PO/Route:		
		City:	State:	Zip:
	Description of Work			
2	Dates	From:		To:
	Name of Employing Agency or Person			
	Address	Street/PO/Route:		
		City:	State:	Zip:
	Description of Work			
3	Dates	From:		To:
	Name of Employing Agency or Person			
	Address	Street/PO/Route:		
		City:	State:	Zip:
	Description of Work			

Section E – REGISTRATION ISSUED ON BASIS OF A LICENSE OR REGISTRATION IN ANOTHER JURISDICTION (Complete this section if you hold a license or registration as an Environmental Health Specialist in another jurisdiction and are applying based on reciprocity.)					
1	Name of Agency Issuing License/Registration				
	Address		Street/PO/Route:		
			City:	State: Zip:	
2	Date Issued		License/Registration #		
3	Name of Written Examination (if any)				
4	Have you been in active and continuous practice as an environmental health specialist under such license/registration or in an accepted residency or graduate program for one year of the three years immediately proceeding the date of an application for Nebraska registration? Yes or No				
4a	If in an accepted residency or graduate program, provide the name of the facility or graduate program, address, and dates actively engaged in the practice as an environmental health specialist. (Use an additional sheet if space is inadequate.)				
	Facility:				
	Address	Street:			
		City:	State:	Zip:	
	Dates				
	Facility				
	Address	Street:			
		City:	State:	Zip:	
	Dates				
	Facility				
	Address	Street:			
		City:	State:	Zip:	
	Dates				
	4b	Give location, address, and dates actively engaged in the practice as an environmental health specialist. (Use an additional sheet if space is inadequate.)			
		Facility			
Address		Street:			
		City:	State:	Zip:	
Dates					
Facility					
Address		Street:			
		City:	State:	Zip:	
Dates					
Facility					
Address		Street:			
		City:	State:	Zip:	
Dates					
5		Have you been in active and continuous practice as an environmental health specialist under license/registration by examination in the state, territory, or District of Columbia from which you come for at least one year following the issuance of such license/registration? Yes or No			
5a		Give location, address, and dates actively engaged in the practice as an environmental health specialist. (Use an additional sheet if space is inadequate.)			
	Facility				
	Address	Street:			
		City:	State:	Zip:	
	Dates				
	Facility				
	Address	Street:			
		City:	State:	Zip:	
	Dates				
	Facility				
	Address	Street:			
		City:	State:	Zip:	
	Dates				
	6	Have you requested to have certification of your environmental health specialist license or registration sent to Nebraska? Yes or No			

SECTION F – Examination information. (ALL applicants must complete this section.)

Have you passed the Registered Environmental Health Specialist Examination?

Yes or No

Date of examination _____

Official documentation of passing the Registered Environmental Health Specialist Examination must be sent directly from the National Environmental Health Association to the Nebraska Credentialing Division.

The qualifying examination for Environmental Health Specialists Registration is administered through the National Environmental Health Association. Contact the [National Environmental Health Association](http://www.neha.org) (NEHA) for any questions regarding the examination:

National Environmental Health Association (NEHA)
720 South Colorado Blvd.

Suite 970-S

Denver, CO 80246-1925

Phone: (303) 756-9090

Fax: (303) 691-9490

www.neha.org

Section G – Affidavit

I, _____, hereby certify that the preceding information is correct to the best of my knowledge and I further certify that I am of good moral character.

Applicant's Signature

Date

Certification of Environmental Health Specialist License/Registration

(Must be completed by licensing agency – Print or Type)

Our records indicate that _____ was licensed/registered as an _____
(Applicant's Name) (Profession)

on _____ and expires _____. The license/registration was issued on the basis of the following
(Date) (Date)

written examination: _____.
(Name of Examination)

The exam was taken on _____ and the applicant's score was _____. If a written examination was not
(Date)

required, attach copies of documentation required for licensure/registration. Education and other requirements for

licensure/registration in _____ at the time this license/registration was issued were:

and are currently: _____

(Copies of regulations/requirements for licensure/registration at the time of issuance and present requirements may be attached as documentation.)

Based on the records of this department, the applicant's license/registration:

(a) ☐ is in good standing, and so far as our records are concerned, the applicant is entitled to endorsement.

(b) ☐ has been disciplined.

Please explain any disciplinary action: _____

Name / Title / Date

Licensing Agency

Street / PO Box / Route

City / State / Zip Code

Signature

FORWARD THIS COMPLETED FORM TO:

HHS Regulation & Licensure
Credentialing Division
PO Box 94986
Lincoln, NE 68509-4986